

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER CAROLINA OAKS ENHANCED CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 229 WILSON STREET NW LENOIR, NC 28645		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 8-10-2016. Records indicate this facility was either first licensed on 6-1-1967. Based on this information, we are requiring this facility to meet the 1971 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1967 Edition of the North Carolina State Building Code-Section 516 Institutional Occupancy. Facility is licensed for 60 residents.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation, Delayed Egress locking had recently been installed on all the exit doors that failed to comply with Section 1008.1.9.7.5 of	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 the 2012 NC State Building Code. Section 1008.1.9.7.5 requires a sign on each Delayed Egress door that states, " PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS."	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent Sanitation inspection for the building was dated 6-22-2015. Buildings must be inspected and approved annually as required.	C 111		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division	C 116		

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C 116	<p>Continued From page 2</p> <p>prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.</p> <p>(c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.</p> <p>(d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.</p> <p>(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.</p> <p>(f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.</p> <p>This Rule is not met as evidenced by: Based on observation, wander bracelet activated Delayed Egress Locking had been installed on all 7 exits from the facility. Based on a review of Construction Section files and on interview with the installer, no documentation was ever submitted to the Construction Section or to the local Building Inspector for review and approval. Note: A Plan of Protection was accepted which stated the facility would disconnect the Delayed Egress magnets until plans and specifications,</p>	C 116		

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C 116	Continued From page 3 drawn up by a licensed design professional, are submitted and approved.	C 116		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: Based on observation, the front exit on the second floor was very difficult to open. Exit doors that will not open easily could delay or prevent an evacuation in an emergency.	C 153		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, there was a hasp and padlock on the outside of the door to the closet in bedroom 30. Latching hardware that can only be operated from one side of the door, such as	C 166		

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C 166	Continued From page 4 hasps and padlocks, present the possibility that someone could be trapped in the room. 2. Based on observation, a grounded portable power supply was plugged into an ungrounded outlet through an unacceptable 2 to 3 prong adapter in bedroom 26. Portable power supplies must be plugged into approved grounded outlets to work properly and safely.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 2nd quarter of this year, there was no documentation available of any rehearsals. b. In the 3rd quarter of this year, there was no documentation available of any rehearsals done	C 185		

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C 185	Continued From page 5 thus far.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the wander bracelet activated Delayed Egress locking was not working as designed or desired. Findings include: a. The exit at the front left did not lock at all when a wander bracelet traveled through the door. b. The remaining 6 exits locked after a wander bracelet had traveled through the door and was therefore locked outside of the facility. Note: A Plan of Protection was accepted which stated the facility would disconnect the Delayed Egress magnets until plans and specifications, drawn up by a licensed design professional, are submitted and approved. 2. Based on observation, the battery powered emergency light in the corridor the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189		

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C 189	<p>Continued From page 6</p> <p>3. Based on observation, the facility was not maintained in a safe manner because of exposed electrical parts in a fuse panel in the corridor. Finding includes: Two fuses were removed from a 6 circuit fused panel in the corridor thereby exposing energized parts. There was a hasp provided for locking the panel but no lock was provided.</p> <p>4. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> a. The door jamb was severely damaged on the door to bedroom 30. b. The door to bedroom 7 could not close because the bed extended into the doorway. c. The door to bedroom 3 was hard to open when latched. d. The door is hard to close that separates the kitchen from the dining room. The dining room is open to the corridor, e. The door to bedroom 22 could not close and latch because of a picture frame mounted on the door. f. The doors to bedrooms 10, 15 and 18 would not close and latch. g. The doors to bedrooms 29 and 30 did not fit the opening properly to be resistant to the passage of smoke. h. The doors to the kitchen storage room and the main office did not fit the opening properly to be resistant to the passage of smoke. i. The door to the bathroom on the women's hall does not fit the opening properly to be resistant to the passage of smoke. 	C 189		

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C 189	<p>Continued From page 7</p> <p>j. There is no door stop provided for the door to bedroom 4.</p> <p>5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> a. Hole in the ceiling of the first floor laundry beside the water heater flue, b. Large hole in the ceiling of the electronic equipment room, c. Holes in the wall of the electronic equipment room, d. Crack where wall meets ceiling in room 25, e. Hole in the ceiling in bedroom 34, f. Hole in the wall behind the washer in the second floor laundry, g. Hole in the ceiling in the second floor mop room, h. Hole in the ceiling beside the vent fan in the second floor bathroom by room 29. <p>6. Based on observation, a section of floor was soft and probably deteriorated in the second floor bathroom by room 29.</p> <p>7. Based on observation, the facility was not maintained in a proper operating condition because of a poorly installed air conditioner in a window in bedroom 34. Poorly installed air conditioners can allow insects to enter the facility. Finding includes: There was a large open hole on one side of the air conditioner.</p>	C 189		